

FINANCIAL IMPACT STATEMENT

Defendant: _____ File No.: _____

Please use this portion of the form to list any expenses you have had or paid as a result of this crime. It is important that we provide the sentencing judge and the prosecutor with documentation. Therefore, it is important that you attach copies of bills, receipts, estimates of value, replacement costs, insurance claims, or other evidence of the costs listed below. Some sections may not apply to you, please leave those sections blank. Please feel free to attach extra pages as necessary.

CRIME RELATED COSTS

PERSONAL PROPERTY: List any personal belongings or personal property lost, destroyed or damaged as a result of this crime and the value. This would include damage to your home, business or other real estate.

\$ _____

\$ _____

\$ _____

\$ _____

MEDICAL EXPENSES: List any medical expenses incurred as a result of this crime. **Please provide copies of health insurance claim records.**

\$ _____

\$ _____

\$ _____

CONTINUING MEDICAL EXPENSES: List any future medical or counseling expenses your doctor or therapist anticipate and **attach an estimate of their costs.**

\$ _____

\$ _____

\$ _____

FUNERAL EXPENSES: List any funeral expenses if appropriate and **attach copies of bills.**

\$ _____

\$ _____

\$ _____

OTHER EXPENSES: Please list any other expenses you incurred and **attach copies of bills.**

\$ _____

\$ _____

\$ _____

LOST WAGES: Provide a written statement from your employer, on their letterhead, stating the number of hours/days lost and total amount of wages lost due to this crime.

\$ _____

TOTAL OF CRIME RELATED COST \$ _____

MONEY YOU WERE PAID BY INSURANCE, VICTIM COMPENSATION OR OTHER SOURCES. (Attach copies of receipts or insurance payments.)

If you have already received or expect to receive any payments or benefits from the sources below, please indicate any amounts received, name of insurance company and claim number.

PROPERTY, AUTO OR HOMEOWNERS INSURANCE:

Name of Company and Address:

_____	Amount received \$ _____
_____	Claim Number _____
_____	Phone Number _____

MEDICAL INSURANCE:

Name of Company and Address:

_____	Amount received \$ _____
_____	Claim Number _____
_____	Phone Number _____

OTHER:

_____	Amount received \$ _____
_____	Claim Number _____
_____	Phone Number _____

Have you applied for Crime Victim Compensation? YES NO

If yes, and you have received compensation, please list the amount paid \$ _____

If no, and would like to receive further information on requirements for filing a claim, please contact the Crime Victims Rights Unit at (586) 469-5675.

TOTAL MONEY RECEIVED FROM INSURANCE, CRIME VICTIM COMPENSATION, AND OTHER SOURCES: \$ _____

Please write any additional information you would like the judge to know about the money this crime has cost.

I swear that the statements made here are true to the best of my knowledge.

Signature: _____ Date: _____

Please print your name: _____